

Montana Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
BEAVERHEAD	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*		*				97	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*		*		*		97	*
	New West Medicare	New West Medicare		*					\$82.00	\$26.63	*		*	*			95	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
BIG HORN	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*		*				97	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*		*		*		97	*
	New West Medicare	New West Medicare		*					\$82.00	\$26.63	*		*	*			95	*
		Sterling Option I	Sterling Option I				*			\$9.00	-							
BLAINE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*		*				97	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*		*		*		97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		Sterling Option I	Sterling Option I				*			\$9.00	-							
BROADWATER	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*		*				97	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*		*		*		97	*
	New West Medicare	New West Medicare		*					\$82.00	\$26.63	*		*	*			95	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								

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			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
CARBON	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*		97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*		97	*	
	New West Medicare	New West Medicare		*					\$82.00	\$26.63	*			*	*	95	*	
	Sterling Option I	Sterling Option I				*			\$9.00	-								
CARTER	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*		97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*		97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
CASCADE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*		97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*		97	*	
	New West Medicare	New West Medicare		*					\$82.00	\$26.63	*			*	*	95	*	
	Sterling Option I	Sterling Option I				*			\$9.00	-								
CHOUTEAU	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*		97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*		97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
CUSTER	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
DANIELS	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
DAWSON	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
DEER LODGE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
FALLON	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*		97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*		97	*	
	Sterling Option I	Sterling Option I				*			\$9.00	-								
FERGUS	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*		97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*		97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
FLATHEAD	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*		97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*		97	*	
	New West Medicare	New West Medicare		*					\$82.00	\$26.63	*			*	*	95	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
GALLATIN	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*		97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*		97	*	
	New West Medicare	New West Medicare		*					\$82.00	\$26.63	*			*	*	95	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
GARFIELD	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
GLACIER	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
GOLDEN VALLEY	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
GRANITE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
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County	Organization Name	Plan Name																
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		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
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	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4					•		\$25.00	-								
		SecureHorizons Direct Premier Plan 200					•		\$85.00	-								
	Sterling Option I	Sterling Option I					•		\$9.00	-								
JEFFERSON	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2						•	\$0.00	-								
		SecureHorizons Direct Premier Plan 200					•		\$85.00	-								
	Sterling Option I	Sterling Option I					•		\$9.00	-								
JUDITH BASIN	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1					•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200					•		\$85.00	-								
	Sterling Option I	Sterling Option I					•		\$9.00	-								
LAKE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4					•		\$25.00	-								
		SecureHorizons Direct Premier Plan 100					•		\$95.00	-								
	Sterling Option I	Sterling Option I					•		\$9.00	-								

Montana Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
LEWIS AND CLARK	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	New West Medicare	New West Medicare		*					\$82.00	\$26.63	*			*	*		95	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
LIBERTY	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
LINCOLN	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								

Montana Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
MADISON	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
MCCONE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
MEAGHER	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
MINERAL	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								

Montana Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
MISSOULA	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Sterling Partners - Montana	Sterling Partners- Montana				•			\$36.00	\$36.00		•		•			95	•
MUSSELSHELL	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
PARK	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
PETROLEUM	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1							\$0.00	-								
		SecureHorizons Direct Premier Plan 200							\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								

Montana Medicare Advantage, Cost Plans, and Demonstrations

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Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
PHILLIPS	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
		Humana Insurance Company Sterling Option I				*			\$0.00 \$9.00	\$0.00 -	*			*			97	*
PONDERA	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
		Humana Insurance Company Sterling Option I				*			\$0.00 \$9.00	\$0.00 -	*			*			97	*
POWDER RIVER	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
		Humana Insurance Company SecureHorizons Direct				*			\$0.00 \$85.00	\$0.00 -	*			*			97	*
POWELL	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
		Humana Insurance Company New West Medicare		*		*			\$0.00 \$82.00	\$0.00 \$26.63	*			*	*		97 95	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4 SecureHorizons Direct Premier Plan 200 Sterling Option I				*			\$25.00 \$85.00 \$9.00	- - -								

Montana Medicare Advantage, Cost Plans, and Demonstrations

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Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
PRAIRIE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
		Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
		SecureHorizons Direct				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		Sterling Option I				*			\$9.00	-								
RAVALLI	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
		Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
		New West Medicare		*					\$82.00	\$26.63	*			*	*		95	*
		SecureHorizons Direct				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$65.00	-								
RICHLAND	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
		Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
		SecureHorizons Direct				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		Sterling Option I				*			\$9.00	-								
ROOSEVELT	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
		Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
		SecureHorizons Direct				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		Sterling Option I				*			\$9.00	-								

Montana Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
ROSEBUD	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
SANDERS	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
SHERIDAN	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
SILVER BOW	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								

Montana Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
STILLWATER	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
SWEET GRASS	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
TETON	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
TOOLE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								

Montana Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
TREASURE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*				90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*				90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*		97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*		97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
VALLEY	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*		97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*		97	*	
	Sterling Option I	Sterling Option I				*			\$9.00	-								
WHEATLAND	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*		97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*		97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
WIBAUX	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*		90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*		97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*		97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								

Montana Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service												
County	Organization Name	Plan Name																
YELLOWSTONE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Sterling Partners - Montana	Sterling Partners- Montana				•			\$36.00	\$36.00		•		•			95	•
YELLOWSTONE NATL PARK	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•